Filed 11/02/23 Entered 11/02/23 20:55:14 Case 23-42102 Doc 1 Desc Main Fill in this information to identify your case: United States Bankruptcy Court for the: Eastern District of Texas Case number (If known): Chapter you are filing under: Chapter 7
Chapter 11 Check if this is an Chapter 12 Chapter 13 amended filing Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy 06/22 If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available. 1. Debtor's name Remarkable Healthcare, LLC All other names debtor used in the last 8 years Include any assumed names, trade names, and doing business as names 3. Debtor's federal Employer 27-1665142 Identification Number (EIN) 4. Debtor's address Principal place of business Mailing address, if different from principal place of business 904 Emerald Blvd Number Street Number Street P.O. Box Southlake TX 76092 State ZIP Code City State ZIP Code Location of principal assets, if different from principal place of business Tarrant County County Number Street City State ZIP Code 5. Debtor's website (URL) https://www.remarkablehealthcare.net/ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) 6. Type of debtor Partnership (excluding LLP) Other. Specify:

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| De | btor | Remarkable Healthcare, LLC | Case number (if known) | | | | | | |
|--|---|--|--|-----------------------|--------------------------|---------------|---------------|--|---------------|
| 7. | 7. Describe debtor's business | | A. Check one: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the above B. Check all that apply: Tax-exempt entity (as described in 26 U.S.C. § 501) Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11)) C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.naics.com/search/ . | | | | | | |
| 8. Under which chapter of the Bankruptcy Code is the debtor filing? A debtor who is a "small bus debtor" must check the first s box. A debtor as defined in § 1182(1) who elects to procunder subchapter V of chapt (whether or not the debtor is "small business debtor") muscheck the second sub-box. | | who is a "small busines must check the first sub- ebtor as defined in 1) who elects to proceed ubchapter V of chapter 1 r or not the debtor is a usiness debtor") must | See http://www.naics.com/search/ . 6231 Check one: Chapter 7 Chapter 9 Chapter 11. Check all that apply: The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of | | | | | | |
| 9. | filed by within t | ior bankruptcy cases or against the debtor he last 8 years? | □ No ☑ Yes. | | TXEB | | | | 18-40300 |
| 1 | pending busines | bankruptcy cases g or being filed by a ss partner or an of the debtor? | □ No ☑ Yes. | Debtor | Remarkable Hea | | | | 11/02/2023 |
| | List all cases. If more than 1, attach a separate list. | | | Case number, if known | | | | | MM / DD /YYYY |
| | Official For | m 201 | Vol | untary P | Petition for Non-Individ | uals Filing f | or Bankruntcy | | nage 2 |

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| | | | Case number (if k | | | | | |
|---|---|--|--|---|--|--|--|--|
| | Name | | | mown) | | | | |
| 11. Why is the | he case filed in this | Check all that apply: | | | | | | |
| district? | | Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. | | | | | | |
| | | | | | | | | |
| o Doos the | dabta | | | | | | | |
| possessi | debtor own or have ion of any real or personal property | ☑ No☑ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed. | | | | | | |
| that need | that needs immediate attention? | Why does the property need immediate attention? (Check all that apply.) | | | | | | |
| attention | | ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safe: | | | | | | |
| | | What is the hazard? | | | | | | |
| | | ☐ It needs to be physically secured or protected from the weather. | | | | | | |
| | | It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related | | | | | | |
| | | assets or other options). | | | | | | |
| | | ☐ Other | | | | | | |
| | | | | | | | | |
| | | Where is the prop | Perty? | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | City | State ZIP Code | | | | |
| | | Is the property in | sured? | | | | | |
| | | ☐ No | | | | | | |
| | | ☐ Yes. Insurance | agency | | | | | |
| | | | | | | | | |
| | | Contact na | | | | | | |
| | | Contact na | me | _ | | | | |
| | | | me | _ | | | | |
| Sta | atistical and administ | Phone | | | | | | |
| Sta | atistical and administ | Phone | | | | | | |
| | atistical and administ | Phone | | | | | | |
| | estimation of | rative information Check one: | | | | | | |
| 3. Debtor's | estimation of | rative information Check one: Funds will be available | for distribution to unsecured creditors. | | | | | |
| 3. Debtor's available | estimation of funds | rative information Check one: Funds will be available | for distribution to unsecured creditors. | ailable for distribution to unsecured creditors | | | | |
| 3. Debtor's available | estimation of funds d number of | Phone rative information Check one: After any administrative 1-49 50-99 | for distribution to unsecured creditors. expenses are paid, no funds will be ava | ailable for distribution to unsecured creditors 25,001-50,000 50,001-100,000 | | | | |
| 3. Debtor's available 4. Estimated | estimation of funds d number of | Phone rative information Check one: After any administrative 1-49 | for distribution to unsecured creditors. expenses are paid, no funds will be ava | ailable for distribution to unsecured creditors 25,001-50,000 | | | | |
| 3. Debtor's available 4. Estimated creditors | estimation of funds d number of | Phone rative information Check one: I Funds will be available After any administrative 1-49 50-99 100-199 200-999 | for distribution to unsecured creditors. expenses are paid, no funds will be available and the second of the secon | ailable for distribution to unsecured creditors 25,001-50,000 50,001-100,000 More than 100,000 | | | | |
| 3. Debtor's available 4. Estimated | estimation of funds d number of | Phone rative information Check one: I Funds will be available and administrative 1-49 50-99 100-199 | for distribution to unsecured creditors. expenses are paid, no funds will be available and the second of the secon | ailable for distribution to unsecured creditors 25,001-50,000 50,001-100,000 More than 100,000 | | | | |
| 3. Debtor's available 4. Estimated creditors | estimation of funds d number of | Phone rative information Check one: I Funds will be available and administrative 1-49 50-99 100-199 200-999 \$0-\$50,000 | for distribution to unsecured creditors. expenses are paid, no funds will be available and the second of the secon | ailable for distribution to unsecured creditor. 25,001-50,000 50,001-100,000 More than 100,000 | | | | |

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| Debtor Remarkable Healthcare, LL | С | Case number (if ki | Case number (if known) | | | | | |
|--|--|---|---|--|--|--|--|--|
| 16. Estimated liabilities | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | ☑ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | | |
| Request for Relief, De | claration, and Signatures | s | | | | | | |
| 그리아 아이트 아이트 아이트 아이트 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 | | tatement in connection with a bankrupt 18 U.S.C. §§ 152, 1341, 1519, and 35 | . J | | | | | |
| Declaration and signature of authorized representative of debtor | petition. | | | | | | | |
| | I have been authorized to file this petition on behalf of the debtor. I have examined the information in this petition and have a reasonable belief that the information is true and correct. | | | | | | | |
| | Executed on 11/02/2 MM / DD / Signature of authorized rep | of Marke Loperesentative of debtor | unie Beth McDike | | | | | |
| 18. Signature of attorney | ★ /s/ Mark Castillo Signature of attorney for or | | 11/02/2023 MM /DD /YYYY | | | | | |
| | Mark Castillo Printed name Carrington, Coleman, Sloman, & Blumenthal, L.L.P. Firm name 901 Main St. Ste. 5500 | | | | | | | |
| | Number Street Dallas City 214.855.3000 Contact phone | St. | TX 75202 ate ZIP Code markcastillo@ccsb.com mail address | | | | | |
| | 24027795 Bar number | Т | TXate | | | | | |